# 2014 Obesity Data Deck

Chronic Disease Epidemiology Section
Epidemiology Branch
Center for Public Health Practice

Chronic Disease Branch
Center for Health Advancement

#### **Arkansas Department of Health**



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#### Acronyms

- BRFSS Behavioral Risk Factor Surveillance System
- YRBS Youth Risk Behavior Survey
- ACHI Arkansas Center for Health Improvement
- YTS Youth Tobacco Survey
- PedNSS Pediatric Nutrition Surveillance System

#### Contents

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#### SECTION I. INTRODUCTION

#### **Obesity Data Deck**

#### Purpose

To provide a comprehensive set of charts describing multiple impacts of **overweight and obesity** in Arkansas with selected U.S. comparisons.

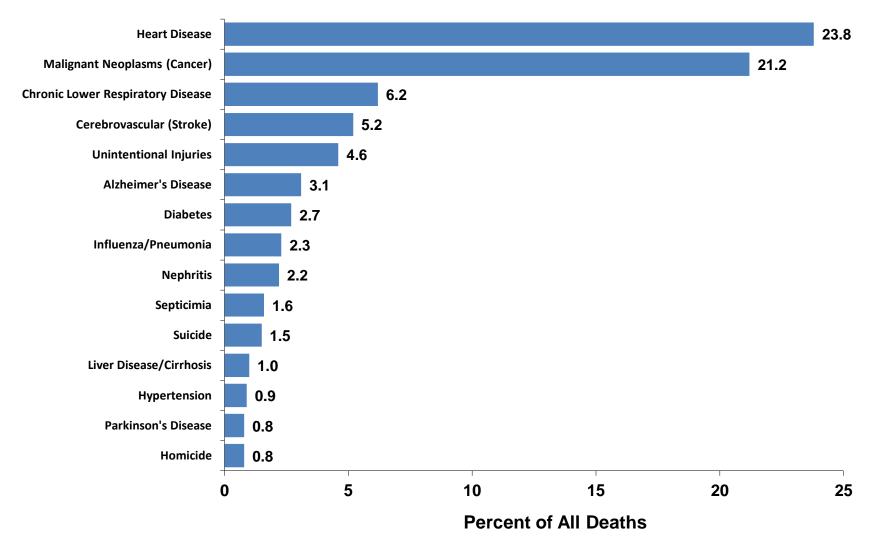
#### Burden

Being overweight or obese increases a person's risk for developing various adverse health conditions, many of which are included in this data deck.

## Health Consequences of Overweight and Obesity

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- Hypertension (high blood pressure)
- Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
- Stroke
- Liver and Gallbladder disease
- Sleep apnea and breathing problems
- Osteoarthritis (a breakdown of cartilage and bone within a joint)
- Gynecological problems (abnormal periods, infertility)

### Fifteen Leading Causes of Death (All Ages) Arkansas, 2012



#### **BMI** Calculation

Body Mass Index (BMI)

$$= \left(\frac{\text{weight in pounds}}{(\text{height in inches})x(\text{height in inches})}\right)x\ 703$$

or

$$= \frac{weight in kilograms}{(height in meters)x(height in meters)}$$

### Standard Weight Classification Categories for Adults

ВМІ	Weight Classification
Below 18.5	Underweight
18.5-24.9	Healthy weight
25.0-29.9	Overweight
30.0 and Above	Obese

#### **BMI Table for Adults**

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			No	rmal				Ov	erwe	eight			-	Obes	ie										Extr	eme	Obe	sity								
ВМІ	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches	;)															Body	/ Wei	ght (p	ounc	is)																
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111			127	132		143		153			169	174	180	185				206								248						280	
62		109	115			131																													289	
63						135		146																											299	
64 65		116			134	140		151																											308	
66	118	124	130	136		148	155		167	173							216				241									297					328	
67		127	134			153	159																												338	
68		131				158																													348	
69	128	135	142	149	155	162	169																												358	
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.

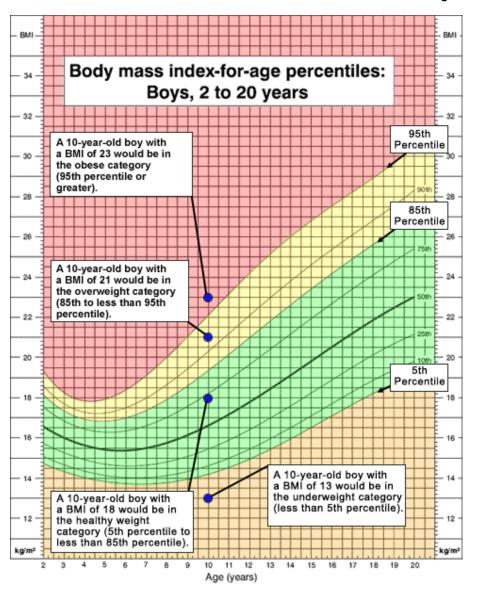
#### How to Interpret BMI for Children

- Interpretation for children's BMI takes into account height and weight measurements, sex, and age.
- CDC recommends that health care providers use the growth standards for infants, children, and adolescents in the U.S.
  - Ages 0 to 2 years: WHO growth standards
  - Ages 2 years and older: CDC growth charts

## BMI Percentile Classification for Children

Percentile Range	Weight Status Category
Less than the 5th percentile	Underweight
5th percentile to less than the 85th percentile	Healthy weight
85th to less than the 95th percentile	Overweight
95th percentile or greater	Obese

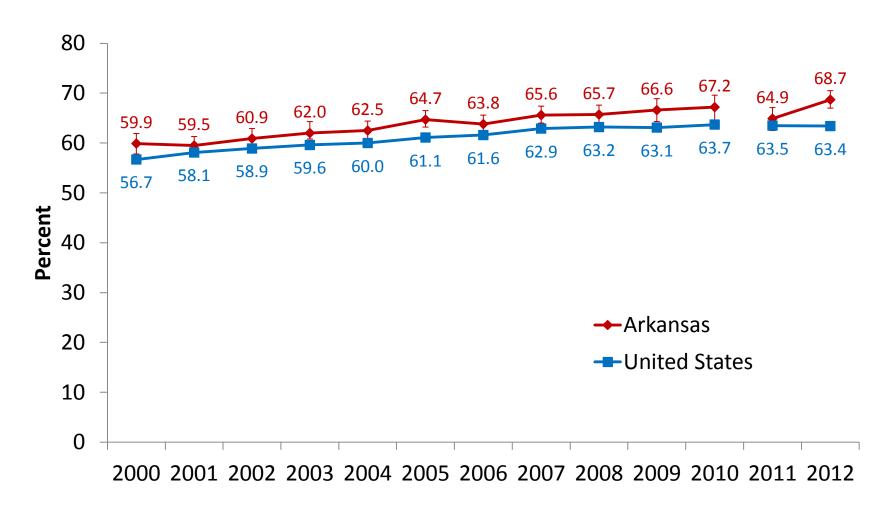
#### **Growth Chart Example**



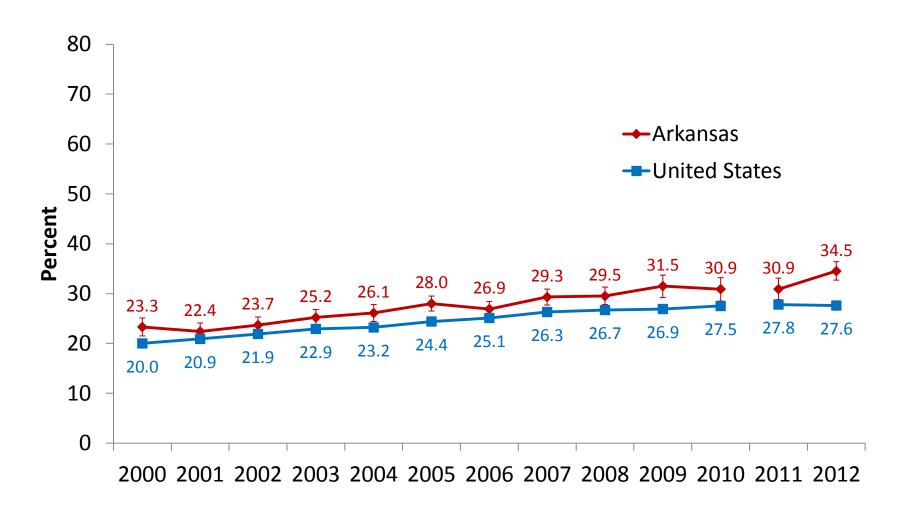
## SECTION II. ADULTS (AGES 18 AND OLDER)

#### A. BRFSS TREND DATA (2000-2012)

### Adult Overweight and Obesity Prevalence Arkansas and U.S., 2000-2012



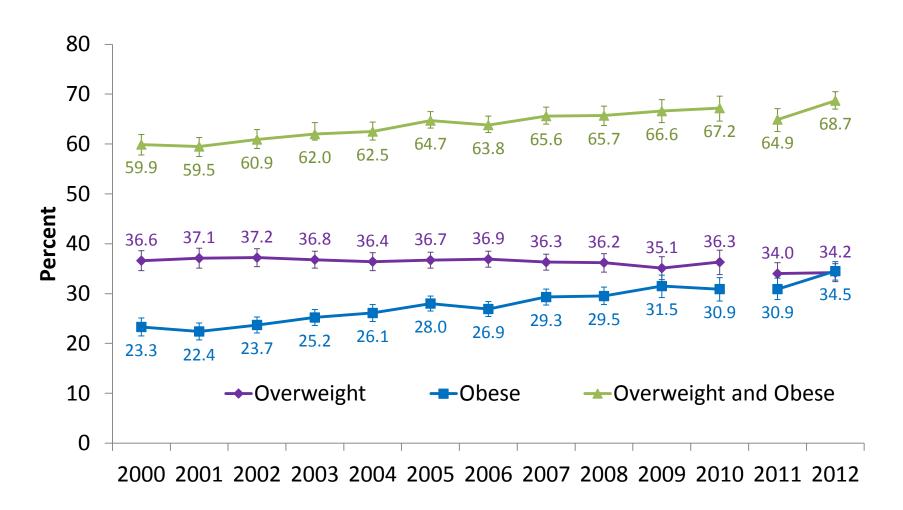
### Adult Obesity Prevalence Arkansas and U.S., 2000-2012



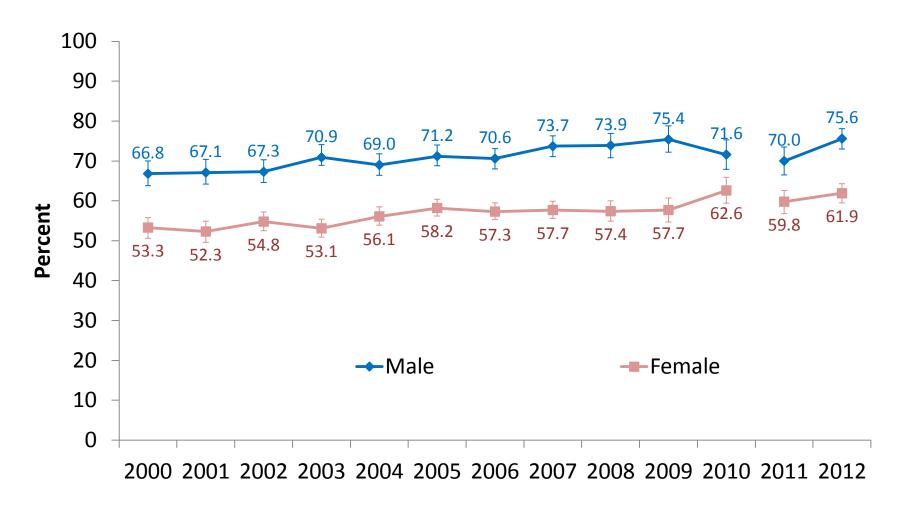
Source: BRFSS

In 2011, BRFSS had substantial methodological changes; it is not comparable to previous years. BMI Categories: Overweight = 25-29.9; Obese =  $BMI \ge 30$ 

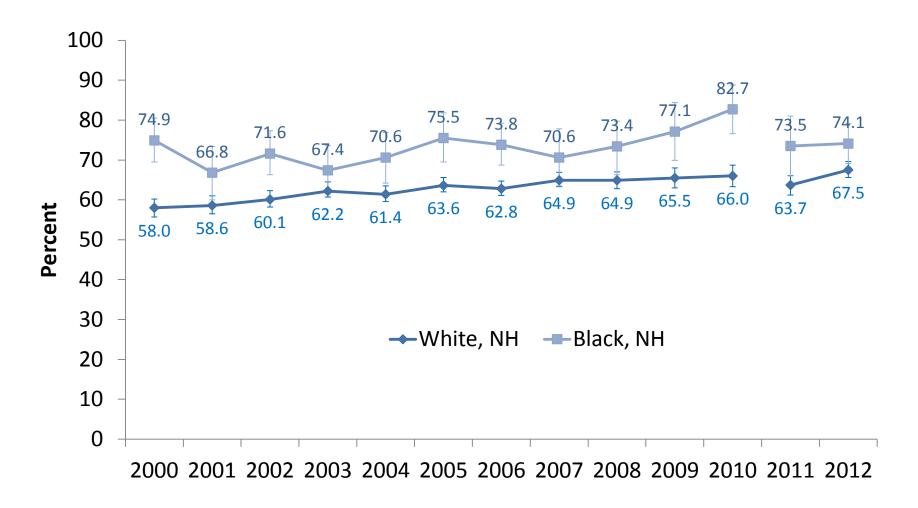
### Adult Overweight and Obesity Prevalence Arkansas, 2000-2012



### Adult Overweight and Obesity Prevalence, by Gender Arkansas, 2000-2012

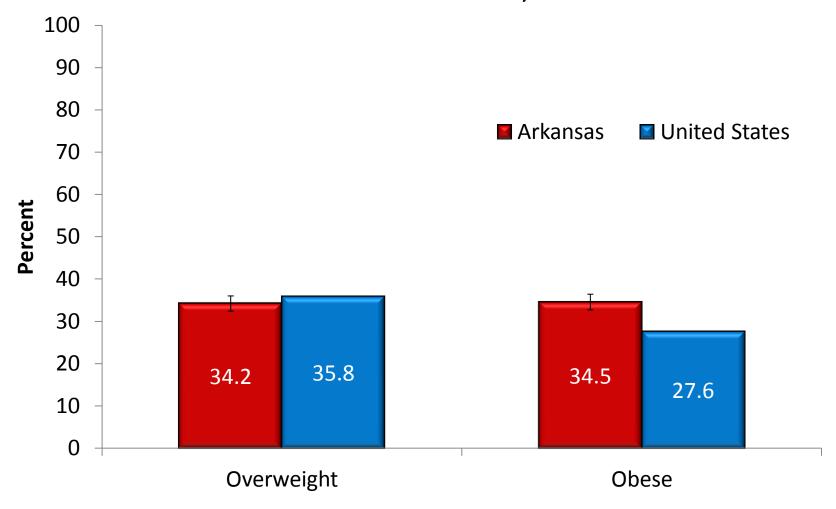


### Adult Overweight and Obesity Prevalence, by Race/Ethnicity Arkansas, 2000-2012

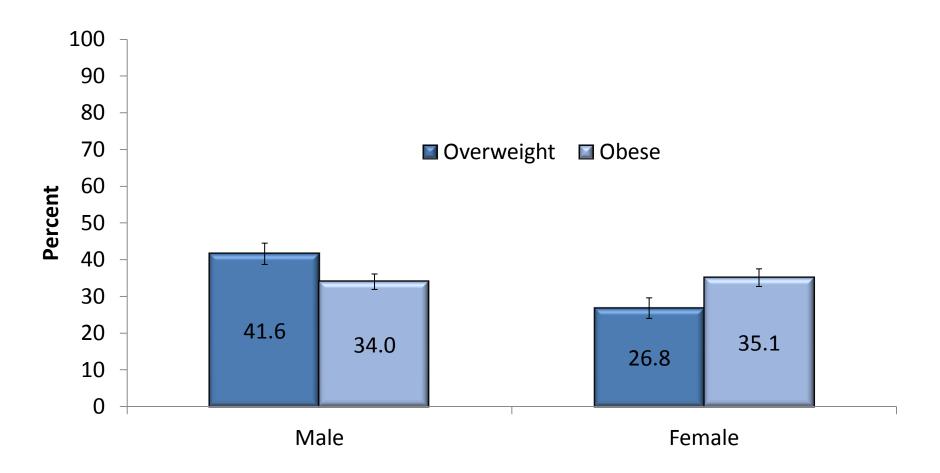


#### B. BRFSS DATA, 2012

### Adult Overweight and Obesity Prevalence Arkansas and U.S., 2012



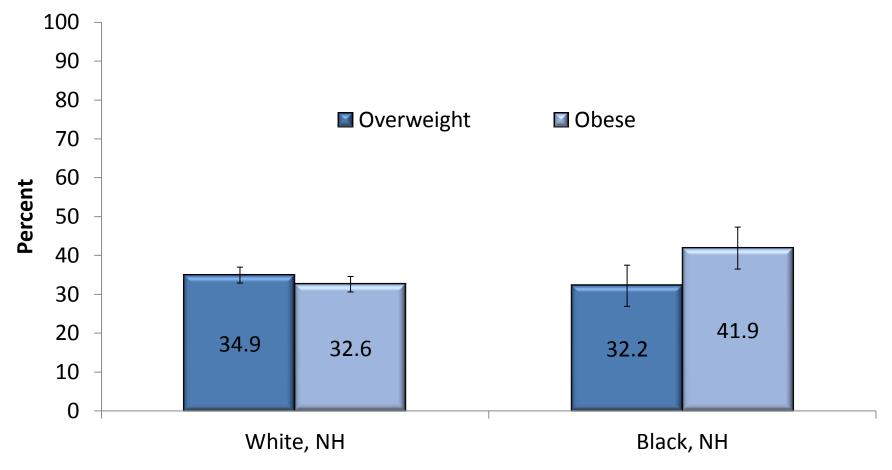
### Adult Overweight and Obesity Prevalence, by Gender Arkansas, 2012



Source: BRFSS

BMI Categories: Overweight = 25-29.9; Obese = BMI ≥ 30

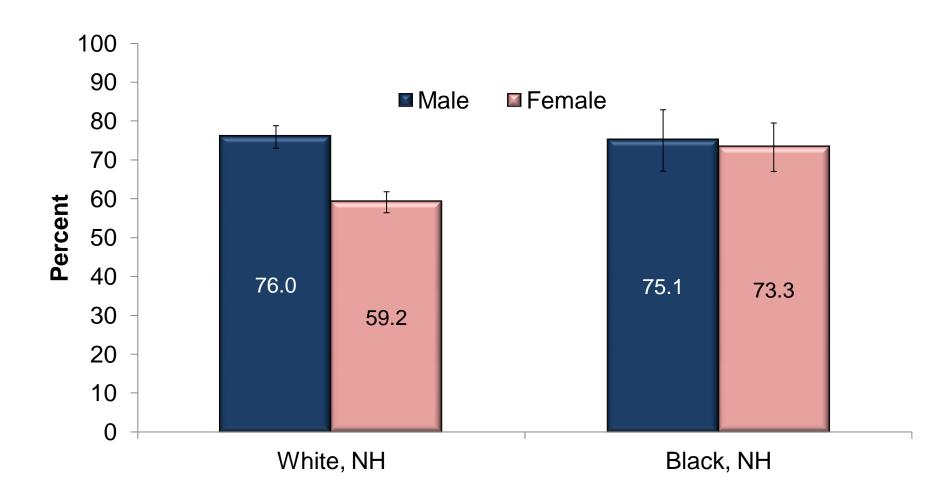
### Adult Overweight and Obesity Prevalence, by Race/Ethnicity Arkansas, 2012



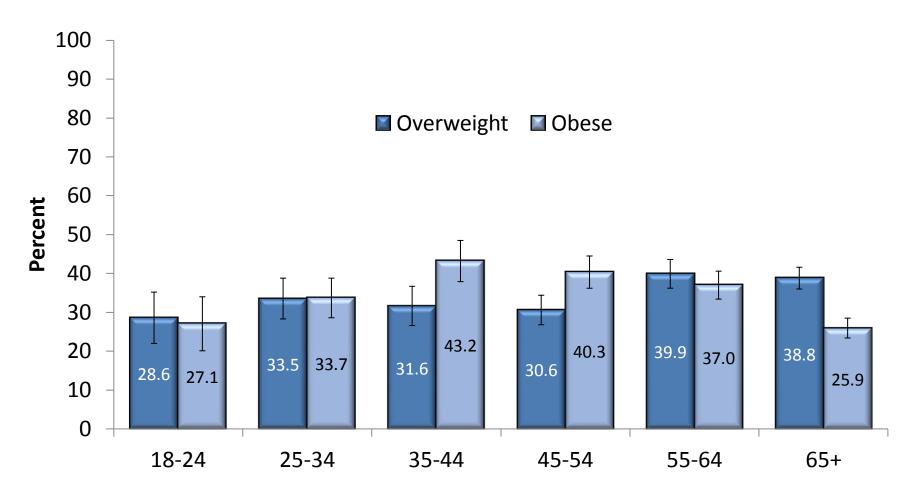
Source: BRFSS

BMI Categories: Overweight = 25-29.9; Obese = BMI ≥ 30

### Adult Overweight and Obesity Prevalence, by Race and Gender, Arkansas 2012



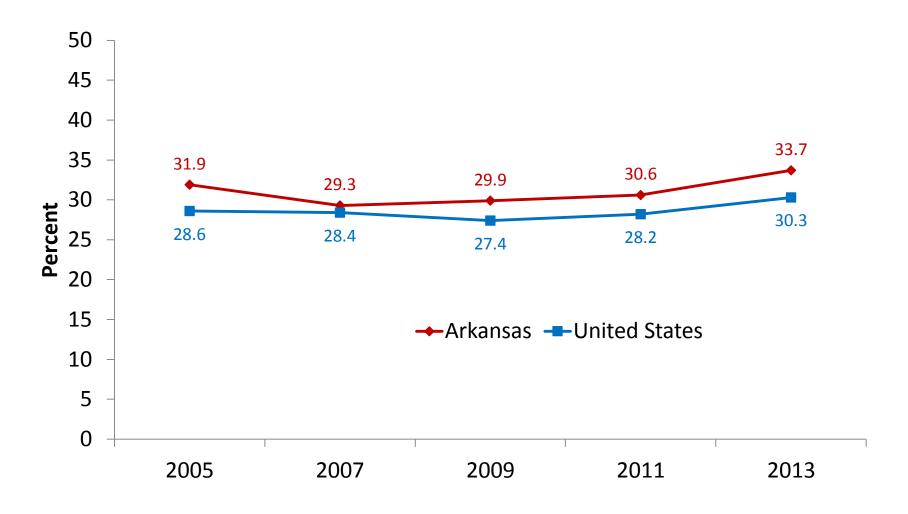
### Adult Overweight and Obesity Prevalence, by Age Arkansas, 2012



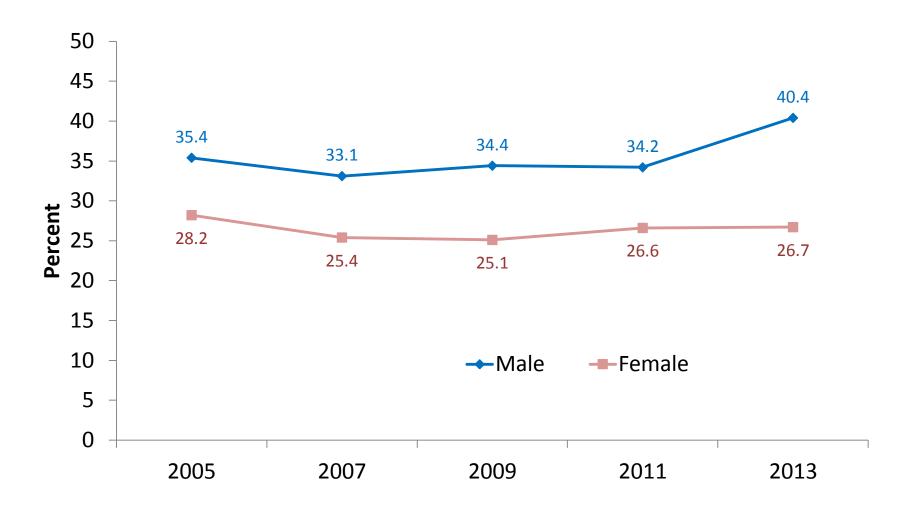
#### SECTION III. CHILDREN AND YOUTH

## A. YRBS DATA (HIGH SCHOOL STUDENTS)

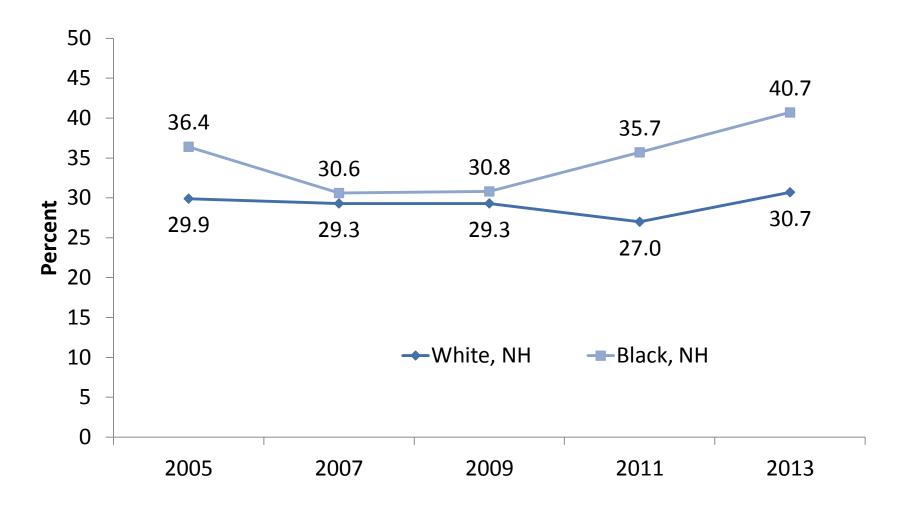
### High School Students Overweight and Obesity Prevalence Arkansas and U.S., 2005-2013



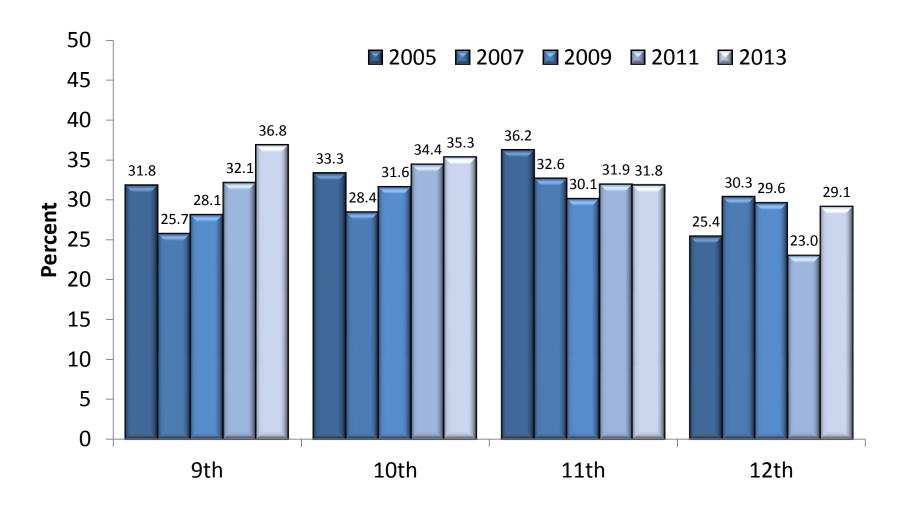
### High School Students Overweight and Obesity Prevalence Arkansas, 2005-2013



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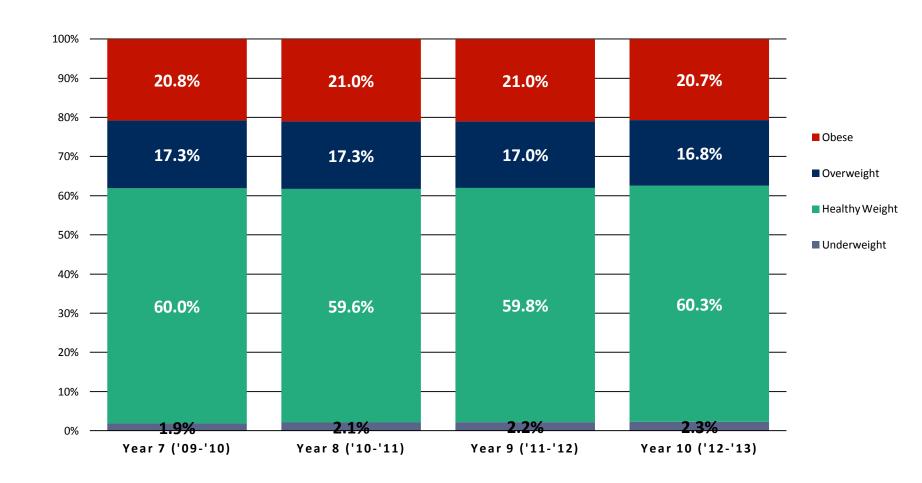
### High School Students Overweight and Obesity Prevalence Arkansas, 2005-2013



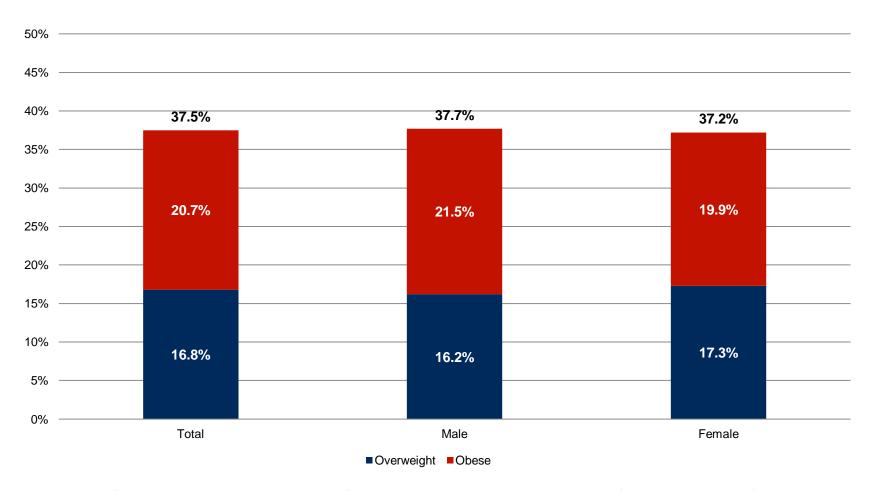
#### B. ACHI DATA

 $(K, 2^{ND}, 4^{TH}, 6^{TH}, 8^{TH}, \& 10^{TH} GRADE STUDENTS)$ 

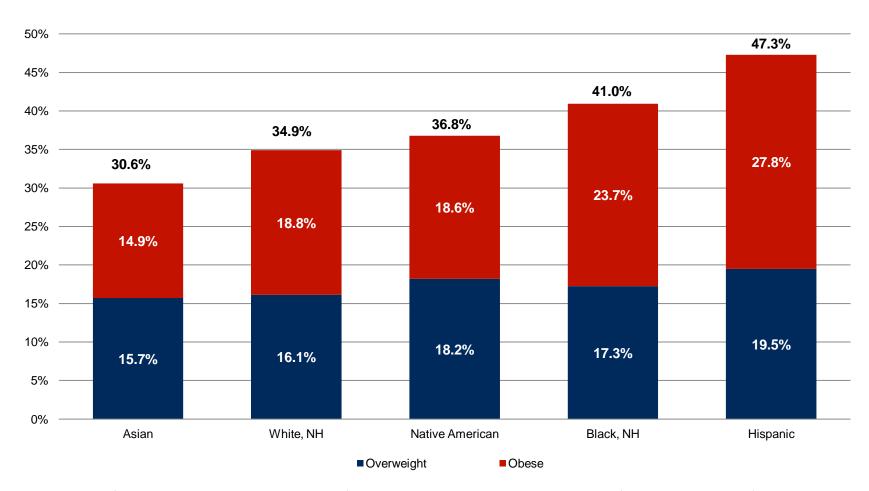
### Trends in BMI Classification for Arkansas Public School Students in Grades K, 2, 4, 6, 8, & 10



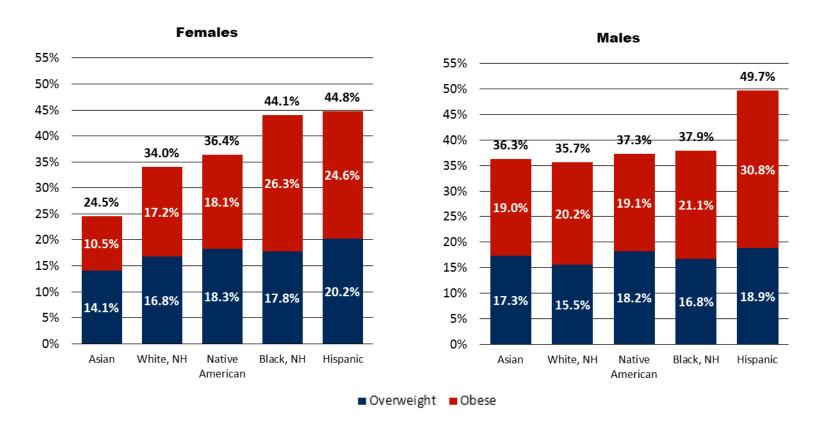
## Percent of Arkansas Students\* Overweight and Obese, by Gender, 2012-2013 School Year Grades K, 2, 4, 6, 8, & 10



# Percent of Arkansas Students\* Overweight and Obese, by Race/Ethnicity, 2012-2013 School Year Grades K, 2, 4, 6, 8, & 10

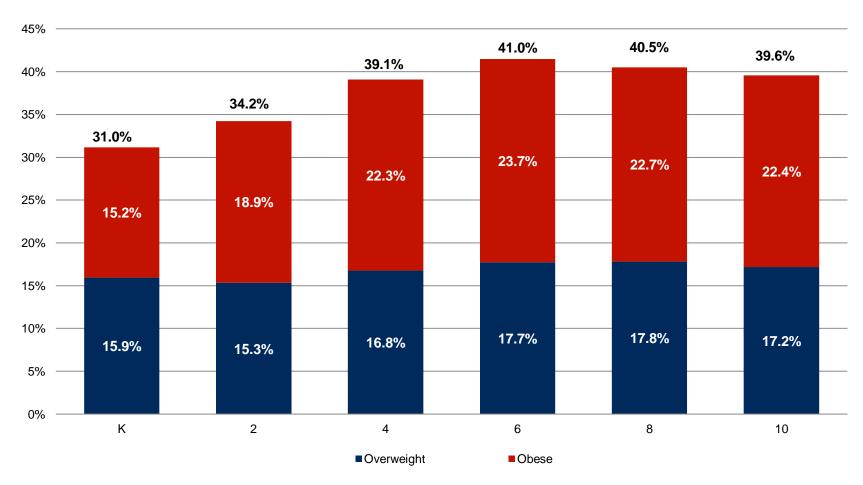


# Percent of Arkansas Students\* Overweight and Obese, by Gender & Race/Ethnicity, 2012-2013 School Year Grades K, 2, 4, 6, 8, & 10



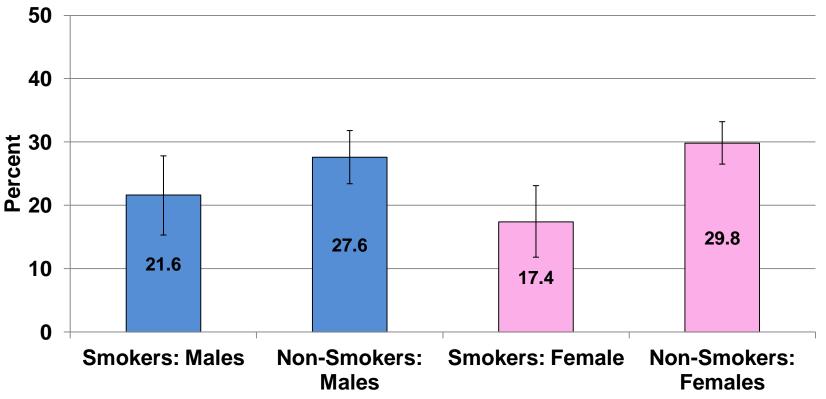
Source: Arkansas Center for Health Improvement, Assessment of Childhood and Adolescent Obesity, Year Ten (Fall 2012-Spring 2013) \*Public School Students

# Percent of Arkansas Students\* Overweight and Obese, by Grade, 2012-2013 School Year Grades K, 2, 4, 6, 8, & 10



## C. YTS DATA (HIGH SCHOOL STUDENTS)

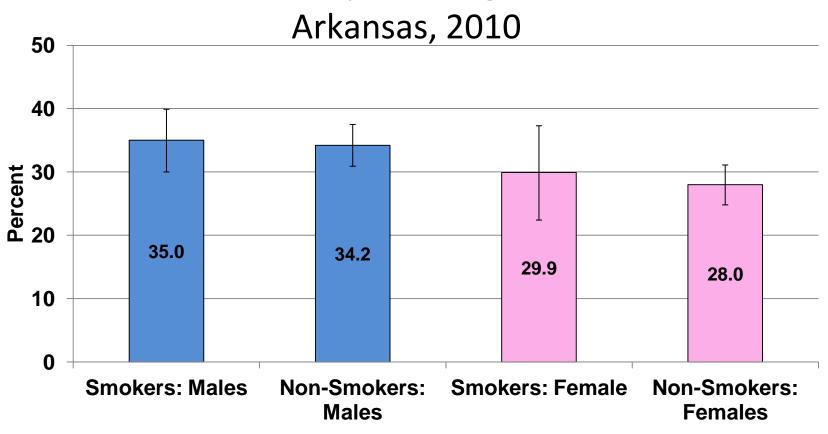
# Do you think smoking helps you lose weight? Percent of High School Students Who Answered "Yes", by Smoking Status, Arkansas, 2010



Source: Arkansas YTS

Question: "Do you think that smoking cigarettes makes you gain or lose weight?"

## Percent of High School Students who are Overweight or Obese, by Smoking Status

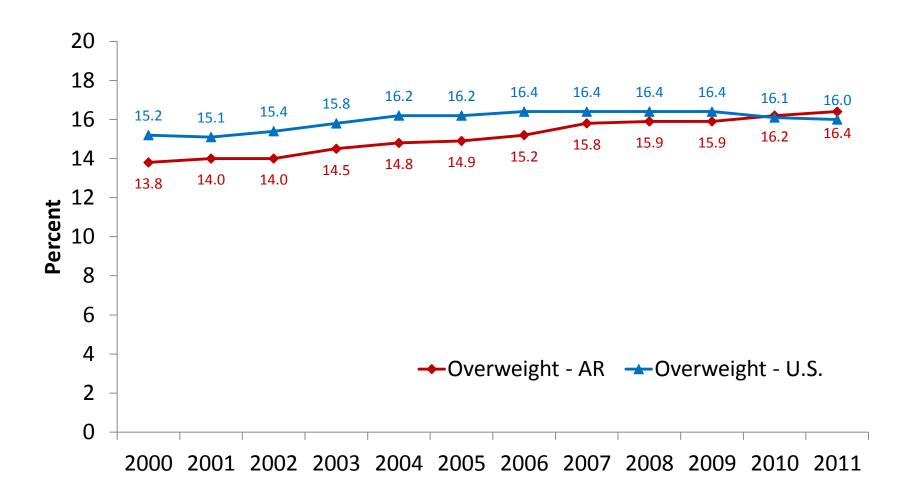


Source: Arkansas YTS

## D. PEDNSS (AGES 2 TO 5 YEARS)\*

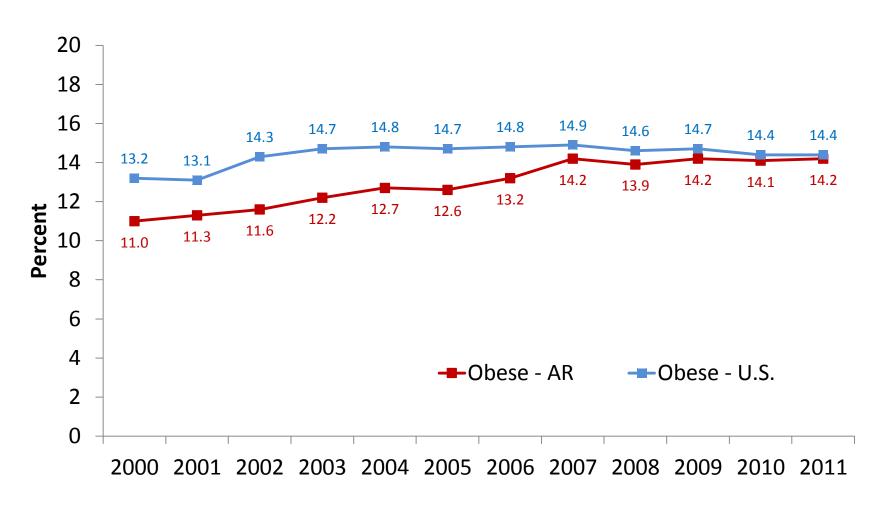
<sup>\*</sup>Among low-income children in federally funded maternal and child health programs

## Children ages 2 to 5 Years Old, Overweight PedNSS\* Population, Arkansas and U.S., 2000-2011



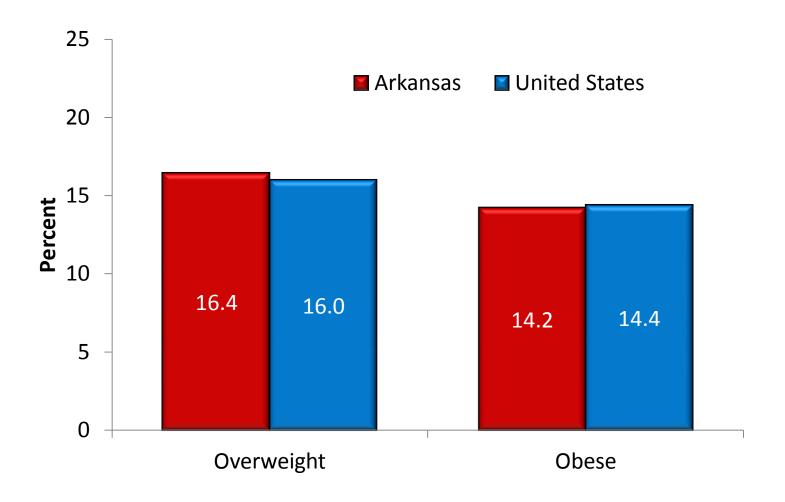
<sup>\*</sup>Source: PedNSS (among low-income children in federally funded maternal and child health programs)
BMI Categories: Overweight: >= 85<sup>th</sup> percentile but < the 95th; Obese: >= the 95<sup>th</sup> percentile for BMI, by age and sex

## Children ages 2 to 5 Years Old, Obese PedNSS\* Population, Arkansas and U.S., 2000-2011



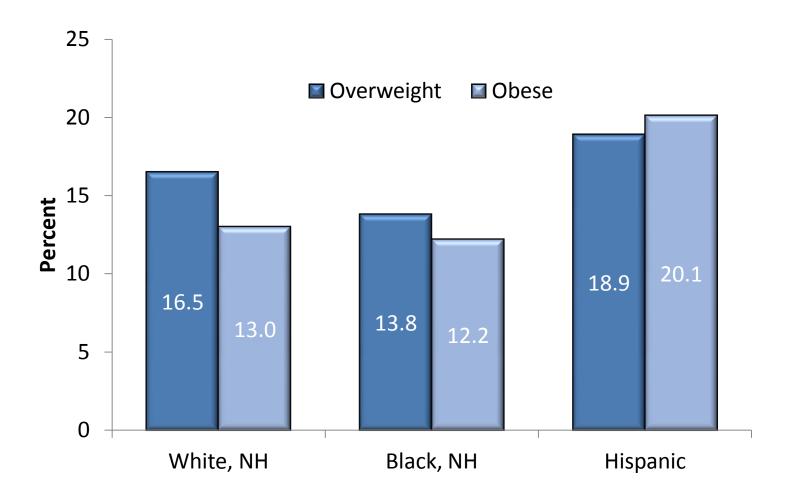
<sup>\*</sup>Source: PedNSS (among low-income children in federally funded maternal and child health programs)
BMI Categories: Overweight: >= 85<sup>th</sup> percentile but < the 95th; Obese: >= the 95<sup>th</sup> percentile for BMI, by age and sex

## Children ages 2 to 5 Years Old, Overweight and Obese PedNSS\* Population, Arkansas and U.S., 2011



<sup>\*</sup>Source: PedNSS (among low-income children in federally funded maternal and child health programs)
BMI Categories: Overweight: >= 85<sup>th</sup> percentile but < the 95th; Obese: >= the 95<sup>th</sup> percentile for BMI, by age and sex

## Children ages 2 to 5 Years Old, Overweight and Obese, by Race/Ethnicity, PedNSS\* Population, Arkansas, 2011

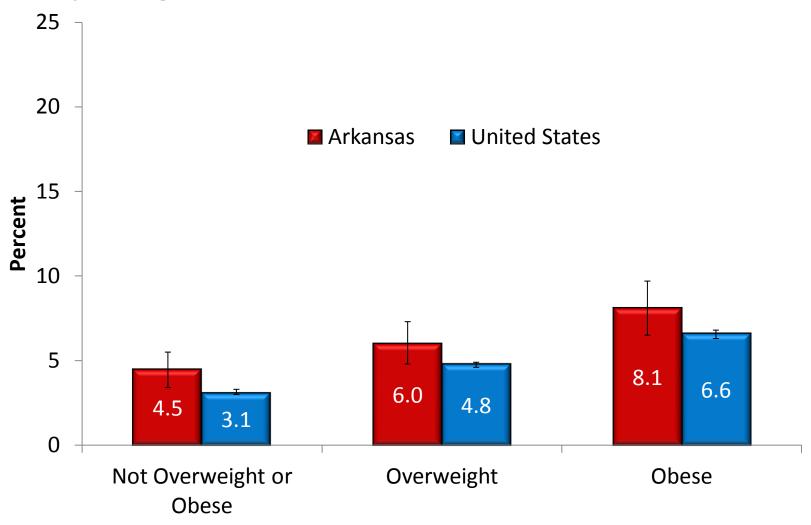


<sup>\*</sup>Source: PedNSS (among low-income children in federally funded maternal and child health programs)
BMI Categories: Overweight: >= 85<sup>th</sup> percentile but < the 95th; Obese: >= the 95<sup>th</sup> percentile for BMI, by age and sex

## SECTION IV. ASSOCIATED CHRONIC DISEASES

#### A. CORONARY HEART DISEASE

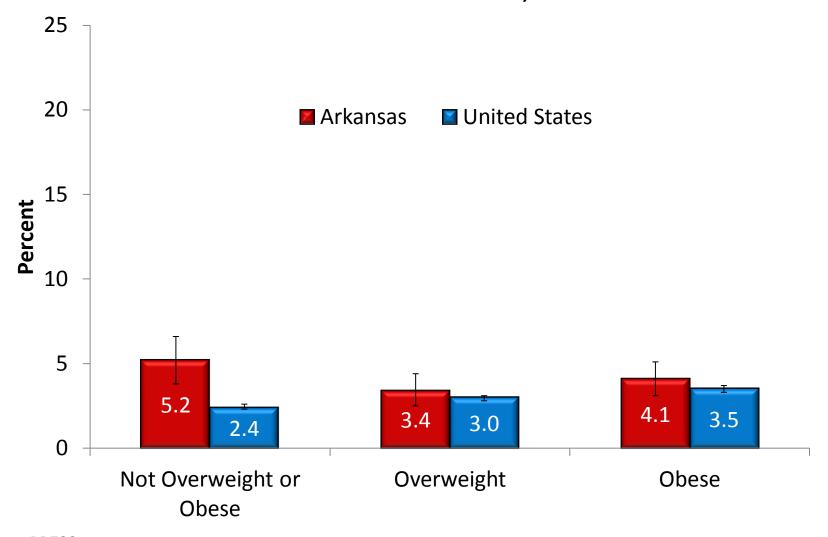
## Coronary Heart Disease Prevalence Among Adults, by Weight Classification, Arkansas and U.S., 2012



Source: BRFSS

### B. STROKE

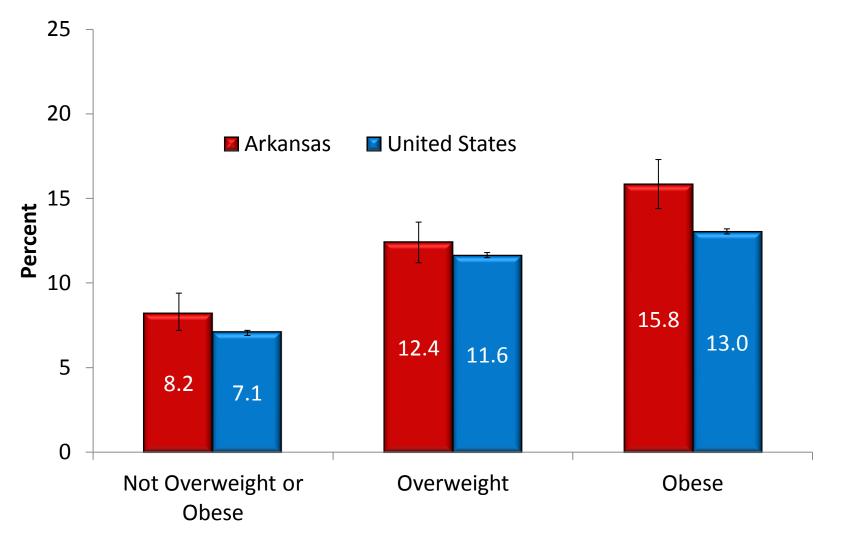
## Stroke Prevalence Among Adults, by Weight Classification Arkansas and U.S., 2012



Source: BRFSS

#### C. HYPERTENSION

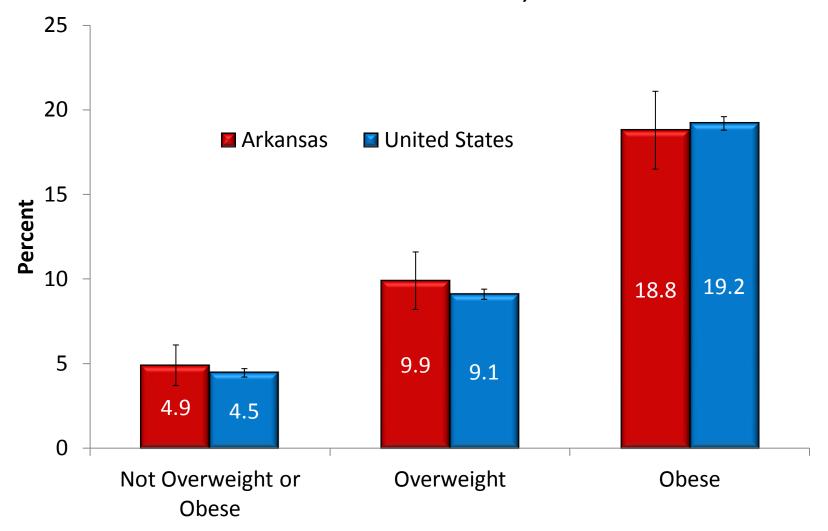
### Hypertension Prevalence Among Adults, by Weight Classification Arkansas and U.S., 2011



Source: BRFSS

#### D. DIABETES

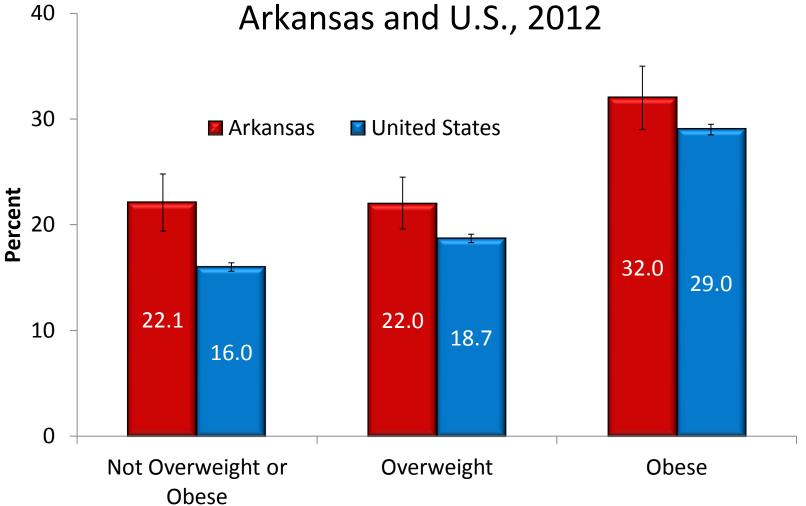
## Diabetes Prevalence Among Adults, by Weight Classification Arkansas and U.S., 2012



Source: BRFSS

### E. DISABILITY

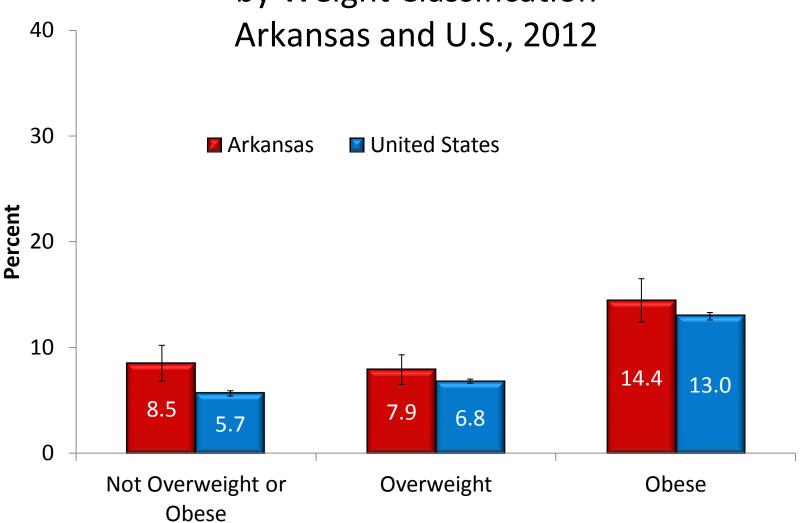
## Disability\* (Limited In Any Way) Prevalence Among Adults, by Weight Classification Arkanese and U.S. 2012



Source: BRFSS

<sup>\*</sup>Question: Are you limited in any way in any activities because of physical, mental, or emotional problems?

## Disability\* (Use Special Equipment) Prevalence Among Adults, by Weight Classification

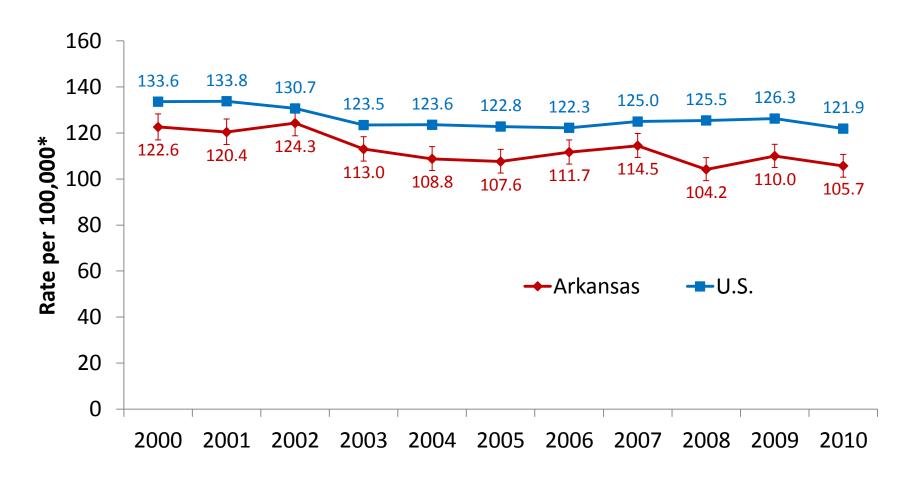


Source: BRFSS

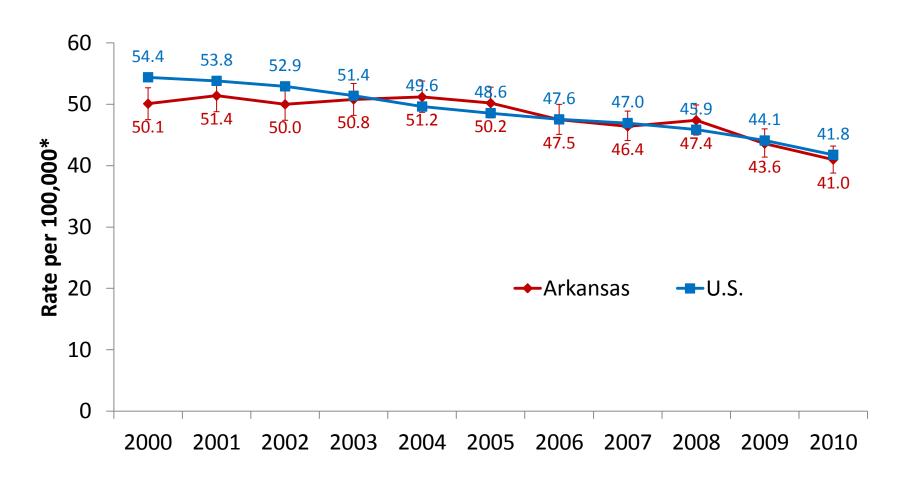
<sup>\*</sup>Question: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

### F. CANCER

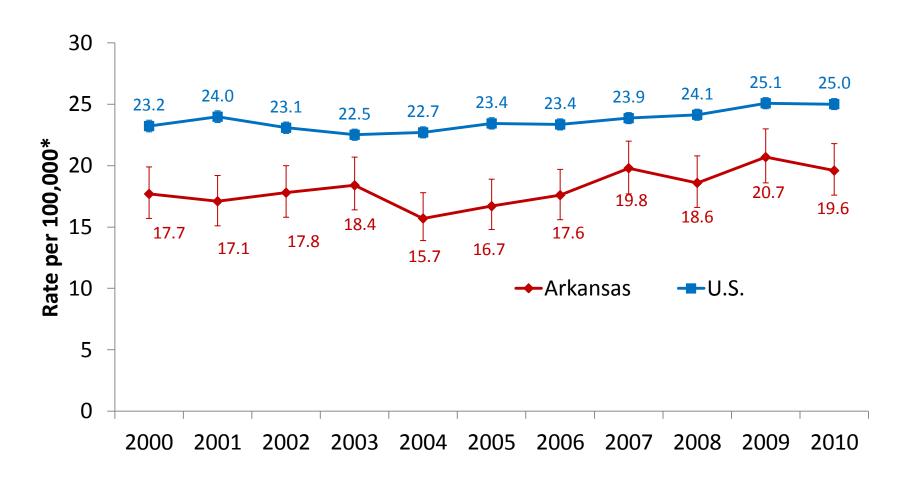
## Age-Adjusted Incidence Rates of Female Breast Cancer Arkansas and U.S., 2000-2010



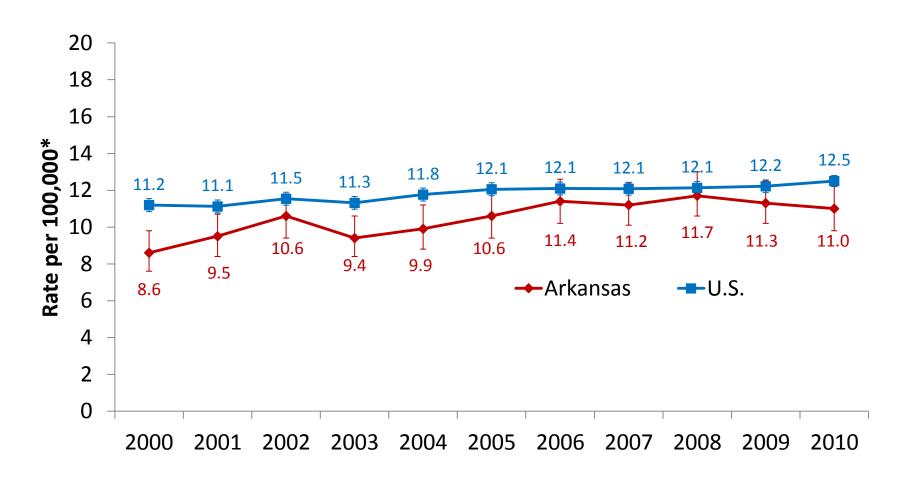
## Age-Adjusted Incidence Rates of Colorectal Cancer Arkansas and U.S., 2000-2010



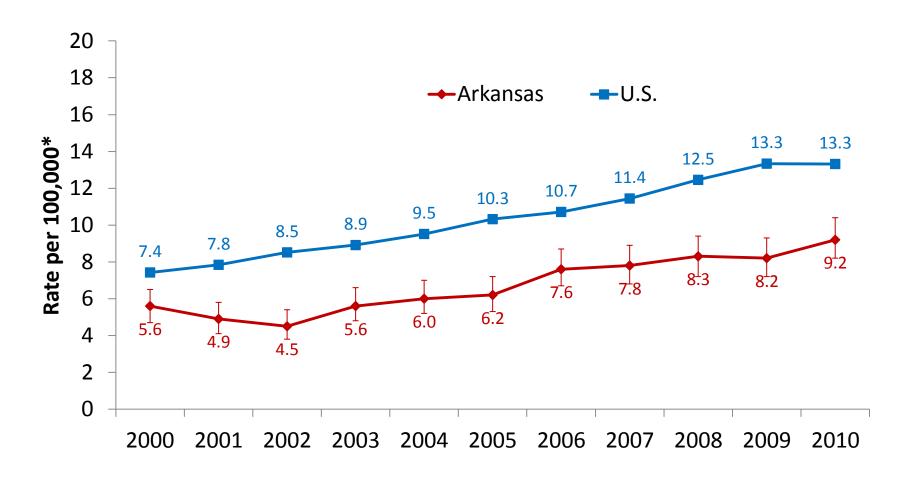
## Age-Adjusted Incidence Rates of Endometrial Cancer Arkansas and U.S., 2000-2010



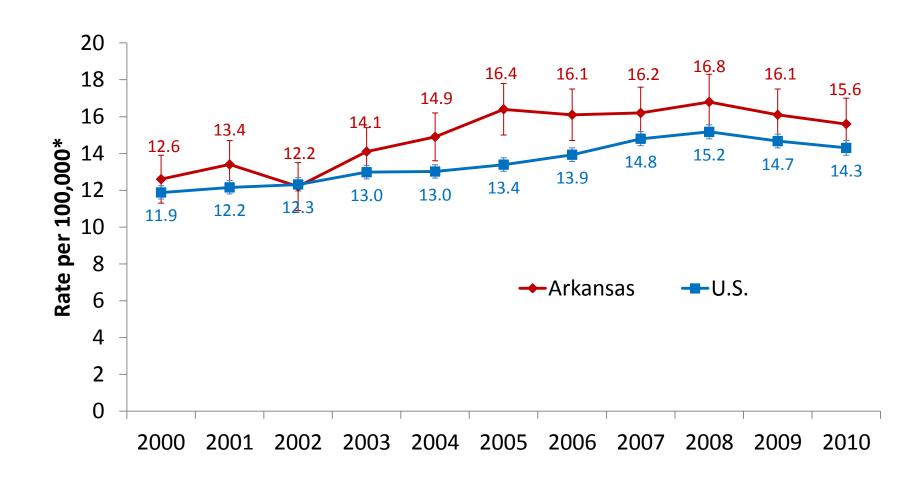
## Age-Adjusted Incidence Rates of Pancreatic Cancer Arkansas and U.S., 2000-2010



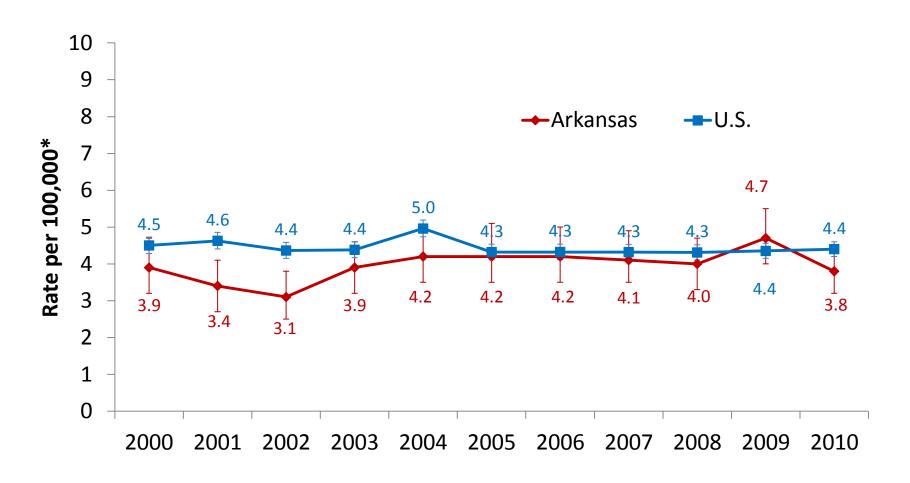
## Age-Adjusted Incidence Rates of Thyroid Cancer Arkansas and U.S., 2000-2010



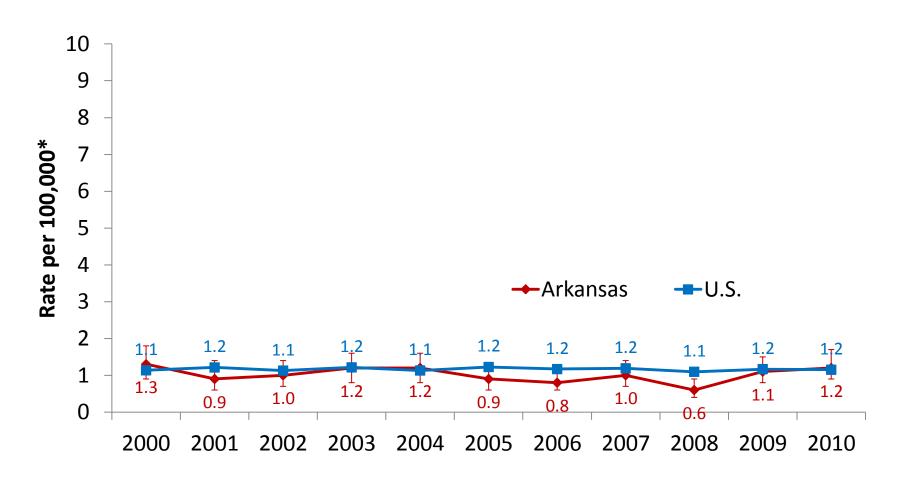
## Age-Adjusted Incidence Rates of Cancer of the Kidney and Renal Pelvis, Arkansas and U.S., 2000-2010



## Age-Adjusted Incidence Rates of Esophageal Cancer Arkansas and U.S., 2000-2010



## Age-Adjusted Incidence Rates of Gall Bladder Cancer Arkansas and U.S., 2000-2010



## SECTION V. DATA SOURCES AND DESCRIPTIONS

#### **Data Sources**

- Arkansas Health Statistics Branch, Arkansas Department of Health
- Behavioral Risk Factor Surveillance System (BRFSS)\*
- Youth Risk Behavior Survey (YRBS)\*
- Arkansas Youth Tobacco Survey (YTS)\*
- Arkansas Center for Health Improvement (ACHI)
- Pediatric Nutrition Surveillance System (PedNSS)
- Arkansas Central Cancer Registry (ACCR)
- Surveillance, Epidemiology, and End Results (SEER)

<sup>\*</sup>Indicates self-reported data

### Data Source Descriptions

- Arkansas Health Statistics Branch, Arkansas Department of Health
  - The Health Statistics Branch provides a variety of data concerning the health of Arkansans. The Vital Statistics Section reports information on all vital events: birth, death, marriage, divorce, fetal deaths, and induced terminations of pregnancies. The Hospital Discharge Section reports on all inpatient and emergency department discharges in Arkansas hospitals and information on health professional manpower. The Registry Section collects and reports on all known cases of cancer, tuberculosis, and sexually transmitted diseases, including HIV, AIDS, syphilis, and gonorrhea. The Survey Section conducts scientifically based telephone and pencil and paper surveys of health behaviors and conditions.
- Behavioral Risk Factor Surveillance System (BRFSS)\*
  - The Behavioral Risk Factor Surveillance System is a standardized, random telephone health survey conducted by each of the 50 states, Washington, D.C., and three U.S. territories under the guidance of the Centers for Disease Control and Prevention (CDC). Arkansas BRFSS contracts with an outside agency to conduct the survey, using a Computer-Aided Telephone Interviewing System. Respondents are selected using a "Disproportionate Stratified Random Sampling" design using a two-stage process. First, a telephone number is randomly selected from listed and unlisted telephone numbers. Second, according to BRFSS protocol, when a residence is selected, a random household member (age 18 or older) is chosen for interview.

#### Youth Risk Behavior Survey (YRBS)\*

The CDC's Youth Risk Behavior Survey is the only surveillance system designed to monitor a wide range of priority health risk behaviors – unintentional injuries and violence; tobacco, alcohol, and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; unhealthy dietary behaviors; physical inactivity; obesity; and asthma – among high school students. It uses a stratified random sample of schools and students at both the national and state levels. It is a paper-based classroom survey.

#### Arkansas Youth Tobacco Survey (YTS)\*

The Youth Tobacco Survey is similar to the YRBS. However, the YTS includes middle school students
and focuses more on tobacco-related issues. The YTS was last conducted in Arkansas in 2010.

- Arkansas Center for Health Improvement (ACHI)
  - The Arkansas Center for Health Improvement is a nonpartisan, independent health policy center dedicated to improving the health of Arkansans. At the request of the Arkansas Departments of Education and Health, in the 2003–2004 school year, ACHI created and implemented the BMI screening process for all public school children in the state. To accomplish this, ACHI put together a BMI Task Force in partnership with local school districts, the Arkansas Departments of Education, Health and Human Services, staff from Arkansas Children's Hospital, and the UAMS College of Public Health. In 2007, during the 86th Arkansas General Assembly, Act 201 was passed to strengthen the protocol followed by school and nursing staff in performing the assessment, require parents to advise schools in writing if they do not wish to have their child's BMI assessed, and change the periodicity of assessments to even grades (kindergarten through grade 10). ACHI continues to work closely with the Arkansas Departments of Education and Health to facilitate BMI data collection, conduct analyses, and deliver reports.

- Pediatric Nutrition Surveillance System (PedNSS)
  - The Pediatric Nutrition Surveillance System is a child-based public health surveillance system that describes the nutritional status of low-income U.S. children who attend federally-funded maternal and child health and nutrition programs. PedNSS provides data on the prevalence and trends of nutrition-related indicators. The CDC discontinued PedNSS at the end of 2012.

#### Arkansas Central Cancer Registry (ACCR)

The Arkansas Central Cancer Registry is a population-based registry whose goal is to collect timely and complete data on all cancer cases diagnosed in the state. The registry is located within the Center for Public Health Practice of the Arkansas
 Department of Health, and is responsible for maintaining a statewide cancer incidence reporting system; monitoring data accuracy, reliability, and completeness through systematic quality assurance procedures; analyzing cancer incidence and mortality data; disseminating cancer information; and facilitating studies related to cancer prevention and control.

#### • Surveillance, Epidemiology, and End Results (SEER)

 The Surveillance, Epidemiology, and End Results Program of the National Cancer Institute provides cancer incidence and survival statistics in an effort to reduce the burden of cancer among the U.S. population. SEER collects and publishes data from population-based cancer registries.

<sup>\*</sup>Indicates self-reported data

### The End